

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

379

State File No.

Registered No.

1209

### 1. PLACE OF BIRTH

County Maricopa

State ARIZONA

Township

or Village

City

Phoenix

No.

Burr Harris Maternity Home

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

### 2. Full name of child

Mary Rose Patricia Therriault

### 3. Sex

Girl

If plural births

4. Twin, triplets, or other

6. Premature

7. Is mother

8. Date of birth

Nov 19<sup>th</sup> 1922  
(Month, day, year)

5. Number, in order of birth

Full term

married?

### 9. Full name

FATHER Joseph David Therriault

### 18. Full maiden name

MOTHER Rose Ann Pouthier

### 10. Residence (usual place of abode)

1543 W. Vanburan  
(If non-resident, give place and State)

### 19. Residence (usual place of abode)

1543 W. Vanburan  
(If non-resident, give place and State)

### 11. Color or race

W

### 12. Age at last birthday

49 (Years)

### 20. Color or race

W

### 21. Age at last birthday

34 (Years)

### 13. Birthplace (city or place)

Granston Mass.  
(State or Country)

### 22. Birthplace (city or place)

Quebec Canada  
(State or Country)

### 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

### 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

### 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

### 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

H. W.

### 16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

15

### 25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

14 yr

### 27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

### 28. If stillborn,

period of gestation

29. Cause of stillbirth

Before labor

During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12-7-9 on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

John Kulgan M. D.  
or Midwife

Address

Filed

12-3

1937

James E. Jones  
Registrar

Given name added from a supplemental report

433-1119-999  
(Date of)

Registrar.